



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BRANCH #

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MEMBERSHIP #

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YMCA OF GREATER GRAND RAPIDS MEMBERSHIP HOLD FORM

MY INFORMATION

TITLE <small>(MR,MRS,MS,DR)</small>	FIRST NAME	M.I.	LAST NAME
GENDER	DATE OF BIRTH	BRANCH	

MAILING ADDRESS

CONTACT INFORMATION

STREET		PRIMARY PHONE #
CITY		SECONDARY PHONE #
ST	ZIP	EMAIL ADDRESS

MEMBERSHIP TYPE

- 17 and under
- Young Adult (18-26)
- Adult
- Adult Plus
- Family
- Senior (60+)
- Senior Couple

I hereby request to put my membership with the YMCA of Greater Grand Rapids on temporary hold, as permitted by the membership policies of the YMCA of Greater Grand Rapids, and I agree to the following terms:

- I understand that I may place my membership on hold for a maximum of three (3) consecutive months within a 12-month period, and that only one membership hold is accepted in any 12-month period.
- I understand that while my membership is on hold, I relinquish all membership privileges, including member rates for program participation.
- I understand that if the YMCA of Greater Grand Rapids implements a membership rate during my hold and I am on a month-to-month membership, I will be assessed the new membership rate commencing the month in which my account resumes drafting.
- I understand when I resume my membership, I will not be assessed any joining fees.

I am placing my membership on hold for 1 MONTH 2 MONTHS 3 MONTHS

The reason for the hold is MEDICAL SCHOOL SEASONAL VACATION WORK

The hold will begin on 1ST 15TH 25TH of _____ (month)

My membership will reactivate on my draft date in _____ (month/year)

ANNUAL PAY

My new expiration date will be _____

I understand and agree to the foregoing terms of this Membership Hold Agreement.

MEMBER SIGNATURE _____ TODAY'S DATE _____

STAFF USE ONLY

COMPLETED AND APPROVED BY _____

NOTE _____
